

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2176AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2008
NAME OF PROVIDER OR SUPPLIER ST JUDE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6880 HATHAWAY DRIVE LAS VEGAS, NV 89115		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on November 5, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as a 6 beds Residential Facility for Groups which provides care to elderly and disabled persons, Category 2 residents.</p> <p>The census at the time of the survey was 6 residents.</p> <p>There were 6 resident files reviewed and 3 employee files reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8</p>	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents was received annually by 2 of 3 employees. (#2, #3) Findings include: Employee #2's (hire date 3/6/05) personnel file lacked documented evidence of eight hours of annual Caregiver training. Employee #3's (hire date 4/6/05) personnel file lacked documented evidence of eight hours of annual Caregiver training. Severity: 2 Scope: 3	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities and facilities for the dependent: Placement and care of cases and suspected cases; surveillance and testing of employees...	Y 103		

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Y 103	<p>Continued From page 2</p> <p>3. Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceeding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers of Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441 A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test administered pursuant to subsection is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive skin test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic</p>	Y 103			

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Y 103	<p>Continued From page 3</p> <p>Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know."</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculin skin test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92)</p> <p>Based on record review the facility failed to ensure 2 of 3 employees had received tuberculin screening in accordance with NAC 441A (#2, #3).</p> <p>Findings include:</p> <p>Employee #2's (hire date 3/6/05) personnel file lacked documented evidence of an annual tuberculin screening for 2007 and 2008. The file did contain evidence of a two step screening in 2006.</p> <p>Employee #3's (hire date 4/6/05) personnel file lacked documented evidence of an annual tuberculin screening for 2007 and 2008. The file did contain evidence of a two step screening in 2006.</p> <p>Repeat deficiency from 11/15/07 survey.</p> <p>Severity: 2 Scope: 3</p>	Y 103			

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Y 105 Y 105 SS=F	Continued From page 4 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure 2 of 3 employees met the criminal history background check requirements (#1, #3). Findings include: Employee #1's (hire date 9/1/07) personnel file did not contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188. Employee #3's (hire date 4/6/05) personnel file did not contain current results from the Nevada Repository. The file did contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188 and copies of fingerprints. The file also contained results from the Nevada Repository dated 8/23/03. Severity: 2 Scope: 3	Y 105 Y 105		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the	Y 178		

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Y 178	Continued From page 5 interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure that the premises were well maintained. Findings include: The kitchen stove top, fan and cabinets were encrusted with grease. The stove top and the fan had peeling paint/coating. There was a cooking pot under the kitchen sink with old food in it. Windows that could be opened in the dining area and the front of the southwest bedroom did not have window screens. Interview with the caregivers indicated the windows in the dining area and southwest bedroom were open at times. Severity 2 Scope 3	Y 178			
Y 877 SS=E	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be	Y 877			

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Y 877	<p>Continued From page 6</p> <p>administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and record review the facility failed to obtain physician orders to administer over-the-counter (OTC) medication and the (OTC) medication was not recorded on the Medication Administration Record (MAR) for 2 of 6 residents. (#1, #4)</p> <p>Findings include:</p> <p>Resident #1's (admit date 3/20/05) medication bin contained a bottle of Tylenol with no physician's order or record of administration</p> <p>Resident #4's (admit date 5/31/06) medication bin contained a bottle of Tylenol with no physician's order or record of administration.</p> <p>Interview with Caregiver #2 indicated that he thought the Tylenol bottles came with the residents when they were admitted and that sometimes the residents were given the Tylenol for pain..</p> <p>Repeat deficiency from 11/15/07 survey.</p> <p>Severity: 2 Scope: 2</p>	Y 877		

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Y 882	Continued From page 7	Y 882			
Y 882 SS=D	<p>449.2742(6)(c) Medication / change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to ensure within 5 days the label on the prescription bottle matched the changed physician order for 1 of 6 residents. (#1)</p> <p>Findings include:</p> <p>Resident #1"s (admit date 3/20/05) order for Atenolol 50 mg was changed from one tablet every day to 1/2 tablet twice a day. The change was noted on the Medication Administration Record but the prescription bottle was not relabeled.</p>	Y 882			

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Y 882	Continued From page 8 Severity: 2 Scope: 1	Y 882		
Y 938 SS=C	<p>449.2749(1)(g)(1) Resident file</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident.</p> <p>This Regulation is not met as evidenced by: Based on record review on the facility failed to perform an annual evaluation of a resident's ability to perform the activities of daily living on 4 of 6 residents residing in the facility longer than a year. (#1, #2, #5, #6)</p> <p>Findings include:</p> <p>Resident #1's (admit date 3/20/05) file did not contain documented evidence of an annual activities of daily living assessment.</p>	Y 938		

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Y 938	Continued From page 9 Resident #2's (admit date 11/2/06) file did not contain documented evidence of an annual activities of daily living assessment. Resident #5's (admit date 2/25/06) file did not contain documented evidence of an annual activities of daily living assessment. Residents #6's (admit date 1/1/05) file did not contain documented evidence of an annual activities of daily living assessment. Severity: 1 Scope: 3	Y 938			
YA908 SS=D	449.2746(2)(a-f)PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.	YA908			

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YA908	<p>Continued From page 10</p> <p>This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) the facility failed to ensure documentation for as needed (PRN) medications was complete for 1 of 6 residents. (#2)</p> <p>Findings include:</p> <p>Resident #2's (admit date 11/2/06) Lorazepam 1 mg was ordered three times daily as needed. Documentation on the MAR indicated that Lorazepam 1 mg was being administered three times daily with no reason for administration or results of the medication indicated.</p> <p>Severity: 2 Scope: 1</p>	YA908			

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